

THE Canadian Hospital

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

April, 1933

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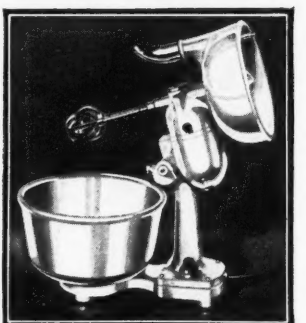
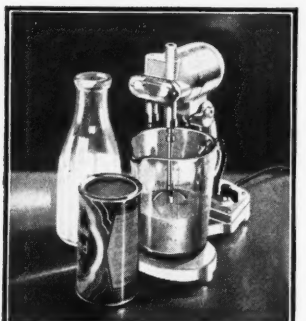
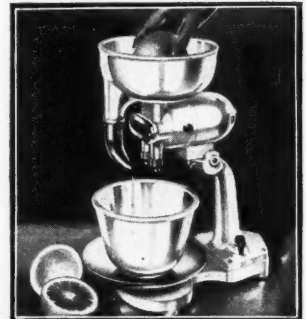
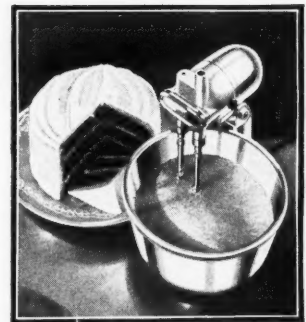
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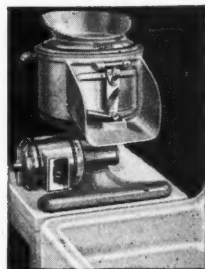
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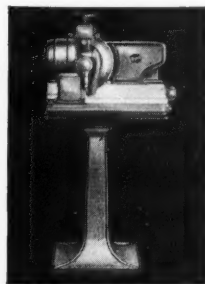
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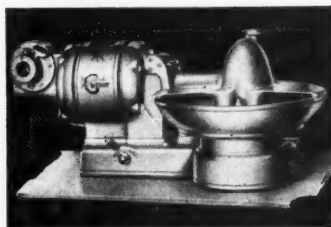
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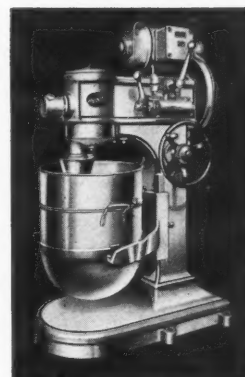
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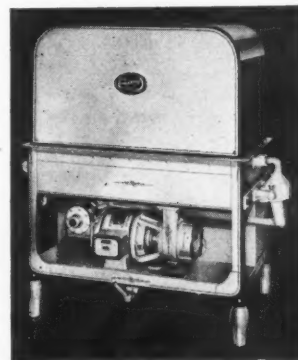
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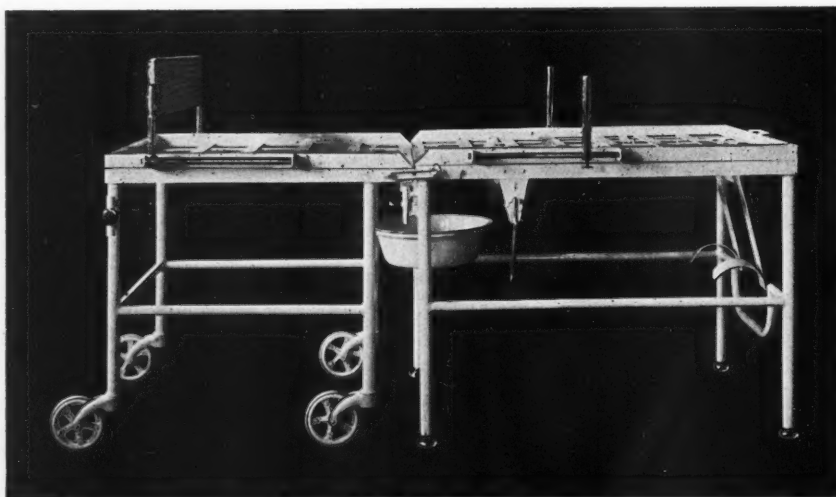
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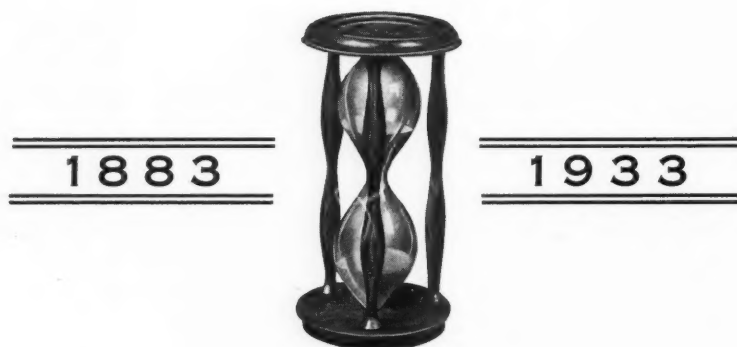
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The Clearing House of the Modern Hospital World

By B. EVAN PARRY, F.R.A.I.C.,
Parry & Smith, Architects, Toronto

IN the year Nineteen Hundred and Twenty-nine, there was born a very healthy babe which is proving a valuable asset to the hospital family throughout the world. Its articulations give evidence of its usefulness. This prodigy is known as the International Hospital Association, with representative membership from practically every civilized country throughout the world.

Since its inception annual meetings have been held, the last assembly took place in Vienna.

Those interested in hospital problems had considered for years past that concerted thought and scientific investigation upon the many problems presented in the hospital field would be of inestimable value, and the results of the subsequent deliberations of the various international committees have proven without the "slightest possible doubt whatever" that the conception was well founded.

The international co-operation of the Building Committee has shown itself to be suitable, to a high degree, to further the development of the art of building hospitals, to iradicate errors, and interchange ideas regarding newly constructed buildings, and spread the knowledge from country to country. The doing of this has laid the foundation for the practical use of the experience of physicians, architects and administrators of hospitals of most of the civilized countries.

The Chairman of the International Building Committee issued a questionnaire to each of its members and the following are some of the findings which can be assumed will eventually form the basic platform for hospital construction of the future.

Since the beginning of the 20th century great strides have been made in the provision and equipment of hospitals. The education of the general public in methods of hygiene, the development of medical knowledge, the lowering of standards of housing and the increase of unemployment, have together led to a much greater appreciation to-day of the values of hospital accommodation. Five per cent. of the population of large cities to-day take advantage of hospital services, and the percentage is rapidly increasing. It is authoritatively computed that there has been a four-fold increase of hospital expenditures within the last three decades.



B. EVAN PARRY, F.R.A.I.C.,
Chairman, Canadian Section International Hospital Association Building Committee.



It is therefore pertinent to ask whether the present methods should be followed in the future, and this was the study undertaken by the International Committee.

Investigations proved conclusively that earnest consideration should be given by medical men and hospital administrators as to what extent these objects can be achieved by the introduction of new types of hospitals, i.e., hospitals for the treatment of minor cases of illness and the provision of convalescent homes.

To the observer the conditions prevailing throughout the various countries of the world in regard to the general type of hospital seem chaotic. In the construction of the various types a point is sometimes reached when they become in effect hospital cities with park-like surroundings; again one finds, more especially in the U.S.A., a concentration of all rooms in one single building of a skyscraper type.

One architect will believe in rooms 10 feet in height, another prefers a height of 16 feet. The views of architects concerning the

width of hospital wards vacillate. Some prefer large wards; others single rooms. Even in regard to the width of corridors one finds no uniformity of opinion. As in general hospitals, so also in sanatoria, considerable differences are found; these relate to internal arrangements and also to the relation between the cubic content of the building and the number of patients to be accommodated.

The subjective opinions of those providing the hospital and the artistic conceptions of the architect result in a multiplicity of hospital types. The International Committee were of opinion that in many cases wise standards of construction are departed from, and failure to achieve the purpose desired has resulted.

It is therefore desirable to study the factors influencing the cost of hospital construction and to conduct investigations, by which means it is possible to arrive at certain standards, thereby enabling the expert to determine whether new hospital projects will satisfy requirements.

It may not be out of place at this stage to call attention to the differences which obtain in various countries with regard to the hygienic minimum requirements per bed, as also the variance in general requirements.

The by-laws of the local authorities of the U.S.A. call for a minimum of 800 cubic feet; in Germany 700 cubic feet, and those in Canada range from 800 to 1,000 cubic feet per patient bed. According to European investigations the German standard is sufficient and if exceeded, the cost of building is unnecessarily increased.

The Committee is of opinion that by-laws leaving a margin for progress by the specialist architect, and providing safeguards against unjustifiable increases in the cost of hospital building could best be formed internationally.

The nursing unit being of basic importance in hospital planning, the members of the International Committee gave it priority.

The Number of Patients per Unit Depends on Type of Work Done and the Kind of Ward

Right off the bat a divergence of opinion occurs as to the number of patients which the private, semi-private and public ward units should cover.

The Canadian Committee, consisting of Dr. T. Parizeau, Vice-Dean and Director of Studies, Montreal University; Dr. Lorne Gilday, Superintendent Western Division, Montreal General Hospital; Dr. John A. Pearson, F.R.A.I.C., Architect, Toronto, and B. Evan Parry, F.R.A.I.C., Parry & Smith, Architects, Toronto, as Chairman, were of opinion that the size of a ward for the best nursing unit depends on the type of work done in the hospital and the kind of ward. A private ward unit should not be less than twenty beds, nor more than thirty-five. The U.S.A. Committee were of opinion that private ward units should provide for twenty-six to twenty-eight patients.

The Study Committee of the South Stockholm Hospital, Sweden, have provided for units of twelve bed capacity.

The Canadian Committee found that a semi-private ward unit should not be less than sixteen beds, nor more than twenty-four; whereas the U.S.A. Committee specified the same capacity as that for the private ward unit, viz., twenty-six to twenty-eight patients. As to the public ward unit, the Canadian Committee specified not less than twenty beds, nor more than thirty; whereas the U.S.A. Committee considered twenty-seven the minimum and thirty the maximum. Sweden ruled twenty-eight as a fixed minimum and maximum standard.

The Canadian Committee further specified that there should be an examining or surgical dressing room and two special rooms for the acutely sick, isolation or moribund patients, placed contiguous to each ward unit.

It was considered that the requirements of all service rooms for a nursing unit, including one-half of the corridors and of all walls, can be computed as that of approximately 1,680 square feet as a minimum. Under ordinary condition this minimum does not change much if the nursing unit is doubled in size.

The space required for beds amounts to one-third or fourth of the hospital structure.

The next question concerned depth of rooms, corridor systems, etc. The U.S.A. Committee reported that the depth of private rooms in the U.S.A. varied from 15 feet

to a minimum of 12 feet, with a minimum width of 9 feet and height that of 10 feet, the larger depth being more common and enabling the furniture to be placed to the best advantage of the patient.

The best accepted practice in Canada for depth of private rooms varies from 14 to 15 feet, and generally speaking the width ranges from 9 feet to 12 feet, with average height of 10 feet.

The European members of the Committee recommended that private wards should be planned deep enough to take two beds and used as semi-private wards when required. Further, they claimed a great saving is effected, as also flexibility to the plan by this arrangement.

The floor area provided for patients in the U.S.A. averaged for twenty hospitals, 124 square feet per patient for patients' rooms and wards, whereas the Canadian average was 100 square feet.

As to corridors, both the U.S.A. and Canadian Committees were in accord that the central corridor was the more economical, although where funds were available, occasional sections with outside corridors add much to the interest of the plan. The length of the corridor depends on the sub-division of the plan, but it was agreed that utility rooms should not be more than 50 feet from every ward, the width of corridors not less than 7 feet, and the average that of 8 feet.

Concentrated service with a minimum of distances is the ideal to be realized in hospital construction. With the use of elevators, rational construction tends to the provision of a larger number of storeys with terraces and roof gardens.

The section of the questionnaire covering a systematic inquiry into the respective merits of a centralized low roof building and centralized multi-storied building provided much food for thought.

The U.S.A. Committee found that the asset of high building, is assumed lower cost and actual better results from the development of the elevator. The liability is greater difficulty in planning for additions and extensions. The Canadian Committee found that the horizontal plan involves travel which cannot be handled mechanically with speed or efficiency; this applies to personnel, patients, supplies and food service. Greater areas of exposure involving heat losses. Greater roof areas involving increased first cost of maintenance charges. Greater length of piping mains of all kinds, tunnels, etc. Greater length of drains, sewers, etc. Greater basement area and foundations with corresponding increase in initial cost. Whereas the vertical plan is practically negative to all the foregoing liabilities.

The Roof Is Not Always Given the Consideration It Deserves

The inquiry into roof form came next on the schedule with the request that isolation, durability and expense of maintenance be taken into consideration.

Our confreres to the South stated that the choice of the type of roof depends first, upon the question as to whether the roof is to be used or may ever be used for

(Continued on page 34)

Excellent Location Adds to Advantages of Freeport Sanatorium

THE Freeport Sanatorium, which is located in Waterloo County, between Kitchener and Preston on No. 8 Highway, is beautifully situated on a slight rise of ground and overlooking the Grand River. Set well back from the highway, it has a splendid approach, while the grounds themselves have been carefully landscaped. The property comprises 15 acres on which are located the sanatorium, doctor's home, nurses residence, employees' home, power house and laundry.

The addition completed last year is somewhat of a municipal project, with the cities of Preston, Galt and Kitchener, and the counties of Wellington and Waterloo having contributed to its construction. It is under the management of the Waterloo County Health Association.

The board of directors of the institution is headed by Mr. Walter H. Somerville, Waterloo. Mr. T. R. Richardson, of Galt, is the secretary. The medical staff of the institution is under the capable direction of Dr. E. N. Coutts, who has been associated with the sanatorium for a number of years.

While the sanatorium existed in a small way for a good many years, it was in 1927 that steps were actively taken to see that the facilities were enlarged, that more accommodation be provided and that the institution as a whole be modernized. The first portion of the new unit was commenced and completed in 1928. This added some 44 beds to the institution. The second portion of the building was commenced in 1931 and was completed and ready for

the first patients by August 1932. This portion of the sanatorium consists of 59 beds.

The new unit is close to 200 feet long, practically 60 feet in width, and is constructed of red pressed brick, trimmed with stone. The building is four storeys in height, is fireproof throughout, and is floored with terazza.

On the ground floor west are grouped the Superintendent's office, treatment room, X-Ray rooms, Assistant Doctor's quarters, Lady Superintendent's office, business office, nurses' room, sewing room and linen room. In the centre are located the kitchen and dining room services. In addition to the quarters and offices described, the first floor contains three four-bed wards and a single three-bed ward.

The second floor provides ten four-bed wards and six single wards, two dressing rooms, two utility rooms, nurses' station and sitting room.

The third floor contains eight four-bed wards, one two-bed ward and eight single wards, two violet ray rooms, with services complete as on the second floor.

Across the face of the entire sanatorium and at the height of the second and third floors extend receding balconies to which patients may be wheeled for fresh air. The balconies are divided so that a separate portion may be used for patients of opposite sex. The view from this particular part of the building is one of unusual beauty overlooking as it does the Grand River Valley and the hills beyond.



FREEPORT SANATORIUM, WATERLOO COUNTY.

Third International Hospital Congress

(Knocke sur Mer, Belgium, 28th June to 3rd July, 1933)

By DR. RENE SAND, Paris,
President of the International Hospital Association

LIKE all other Institutions of public utility, the hospitals are menaced in their progress, sometimes even in their existence, by the restrictions to which the crisis condemns public as well as private works, the benefactors as well as the beneficiaries.

Such a state of affairs renders it all the more necessary to unite every department and every good will with a view to establishing the general principles which will assure to the hospitals the *maximum efficiency with the minimum of expense*. To attain this end it is not sufficient only to avoid errors of construction, and to perfect the accountancy—making it show a correct statement re finances and duties of each of the services—and also to calculate exactly the needs in apparatus and personnel; but it is necessary also to make a resolute appeal for that co-ordination without which each institution must start experiments which others have already tried, to undertake investigations which would only be profitable on a larger scale, and to make purchases with co-operation would render more economical.

If it be true that *every human activity* means trial and error, one can by concerted action reduce the loss of time, money, and effort. This is precisely what the International Hospital Association proposes in creating ten permanent committees, which, with their thirty sub-committees, group more than two hundred departments of thirty different nationalities in a research into the *recognized standards of hospital organization*. These committees published their plan of work in 1932 in numbers 2, 3, and 4 of NOSOKOMEION. Their reports will be found in the 2nd number of this year, which will be published shortly. Thus the international study of hospital questions, started at the first International Hospital Congress, in Atlantic City in 1929, by some hundred specialists from 35 countries, continued at the second Congress, which brought together, at Vienna in 1931, over 300 experts from 43 countries, will be able at the third Congress at Knocke this summer to investigate and settle a certain number, at least, of essential questions.

But it is not enough to organize international co-operation of departments. It is also necessary to develop, in each country, a co-operative movement. This is the goal at which the National Hospital Association aims, in grouping together in a score of countries administrators and directors of Hospitals, physicians, nurses, architects, engineers and technicians. Certain of these groups have favoured the creation of Bureaux of Standards where study of standard types would be possible thus, for instance enabling each establishment to obtain the best model bed or sterilizing apparatus at the minimum cost. Some visualize the establishment of purchasing centres with a common fund. Others have formulated the rules necessary for hospital organization, and created a system of inspection to which the great majority of hospitals submit voluntarily. Each publishes a report for the information of its members, and stimulates their activities.

But it is no less necessary that each establishment

should be inspired with the desire for efficiency and consequently for a good return. Do we not see, only too often, the physicians of a hospital limit their activities to their own department, without envisaging as a whole the medical work, still less their relationship to the work of the nurses, administration, outside consultations, dispensaries, and social service? Do we not also see establishments multiplying indefinitely, instead of concentrating and organizing themselves according to some regional or national plan? Several countries have already responded and have begun to appreciate the advantages of this rationalization. Further, one no longer tends to prepare plans for isolated hospitals, but rather for Centres which are at once hospitals, universities, and centres where are united the Faculty of Medicine, with centres for teaching and research; the civil or military hospital, the maternity home, and the Health Centre (paying clinic) with their external consultations: treatment by physical methods, re-education; the dispensaries grouped round the health centre and preventive medicine; social services; school for nurses and health-visitors; the home for solitary old people, for old couples and pensioners. Here is the organic conception which will give the best result, and at the same time lead to the perfection of the technique and progress social sense. In this endeavour it will bear the mark of the present age, whose spirit will thus be characterized in the history of humanitarian institutions.

With a view to hastening their progress, the International Hospital Association utilizes three means: its quarterly review "Nosokomeion" (publishers W. Kohlhammer, Stuttgart, Germany), the only International Journal devoted solely to hospitals; its *post-graduate courses* on hospital technique, the first of which, held in Frankfurt-on-the-Main in September-October, 1932, attracted over 150 members belonging to 17 nationalities; and lastly the *International Congress*.

The post-graduate course and Congress being biennial, the Association gives specialists a chance of exchanging views and enriching their experience. 1933 will be the year of the 3rd Congress, and 1934 for the 2nd post-graduate course, and so on.

In the name of those who have the public health and social work at heart, I earnestly ask that everyone who feels he has responsibility in this field to take part in our 3rd Congress. It is essential that by obtaining large numbers of recruits, this may gain the authority which will permit it, by stirring up public opinion and powers, to maintain and develop the progress of the hospitals over the whole world.

Editor's Note: Those wishing to attend the forthcoming Congress should address the Belgium Hospital Association (Association Belge des Hôpitaux), 80, rue de Livourne, Brussels, together with a contribution of 2 dollars. The members of the International Hospital Association who pay a yearly contribution of 5 dollars can attend the Congress without further payment. In addition they receive the organ of the society of "Nosokomeion."

All communications, questions, reports, and suggestions should be addressed to Dr. W. Alter, Ernst Ludwig Allee 2, Buchschlag, Hessen, Germany.

Detailed programmes can be obtained free of charge from Messrs. W. Kohlhammer, Verlag, Urbanstrasse 12/16, Stuttgart.

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During the Past Month.*

Ontario Business Men War Against Deformity

The "deformity prevention service" which has been evolved by the Ontario Society for Crippled Children, and which will be put into operation shortly, is a valuable addition to the agencies for child welfare. This society, which is composed of members from the Rotary, Kiwanis, and Lions Clubs and Mocha and Rameses Temples of the Shriners, is working in co-operation with the Ontario Department of Public Health in its new endeavor. It is another demonstration of the constantly evident fact that there is one thing the business men of the province do not lack, no matter how world events may affect them, and that is charity.

There are about 8,000 crippled children up to 18 years of age in Ontario. Approximately 35 per cent of them, 2,800, have been crippled because of infantile paralysis. Of these cases, about half have resulted in deformity because of inadequately preventive measures in the early stages of the disease. The only way in which proper preventive measures can be secured is to bring the child under the direction of a skilled orthopaedic surgeon. The prevention of deformity plan has been designed for this purpose.

There will be established a board of surgeons, the members of which will be available for consultation, each in a specified geographical area. When a doctor receives serum the society will be notified and will offer the services of the board without expense to doctor or patient. In this way it is hoped to use generally the convalescent serum, and thus cut down materially the large numbers who otherwise would go through life deformed.

Not passing by on the other side of the road, the society had 863 little patients admitted to hospital last year, had 600 treated as out-patients and supplied appliances for 927.—*Toronto Evening Telegram.*



Sweepstakes for Charity and Unemployed

We note that Senator A. D. McRae has revived in somewhat amended form his proposal of last year that the holding of hospital sweepstakes be legalized in Canada as in the Irish Free State. Speaking in the Upper House on Wednesday (March 8th), he said that the feeling in favour of sweepstakes as a ready means of raising money for charitable purposes in a time of depression has made considerable headway during the last 12 months. He quoted an editorial from the Vancouver Province of February 13, 1932, describing the proposal as fallacious, and he showed that 10 months later, that is to say on December 14 last, the electors of Vancouver voted over-

whelmingly in favour of "legalized sweepstakes to be operated under the direct control of the British Columbia Government for the benefit of hospitals within the province." The vote stood 25,735 for and 9,774 against. Seventy-three per cent of the votes cast were in favor of the departure.

A little later 77 out of 97 members of the British Columbia Hospital Association cast their ballots in favour of sweepstakes. The city vote was 3 to 1 and the association vote 4 to 1 in support of the idea of meeting present-day hospital needs in the Dublin manner. On March 1 of this year the Union of Municipalities of British Columbia adopted a unanimous resolution calling upon the Provincial Government for a province-wide plebiscite with the idea of having the Federal Parliament legalize provincial sweepstakes for the purpose mentioned. General McRae thinks that the increasing sentiment in favour of sweepstakes thus shown to exist in the Pacific coast province prevails throughout the other Western provinces.

In calling the new bill, which was introduced by Senator Barnard, "An Act With Respect to Charity Sweepstakes," General McRae has extended the scope of the measure. The old bill was to provide money for hospitals. It is now proposed to use the money raised "for the sick, the destitute and the maimed" in each province that resorts to this recourse. In support of this plan the Senator said that three sweepstakes held in Ireland in 1932 yielded £11,000,000, or \$55,000,000, of which \$37,500,000 was distributed in prizes to successful coupon holders. It cost \$5,000,000 to run the competition, and the Government took \$2,500,000 in taxes, leaving \$10,000,000 for distribution among the hospitals.

The British Columbia proposal is that the Federal Parliament authorize each of the provinces to hold sweepstakes for the benefit of the sick, the destitute and maimed. The revenue derived would be devoted to the support, not only of the hospitals, but of the unemployed. The General is confident that the proposal will capture the imagination of the whole country in the presence of an unemployment situation which taxes all the resources of the federal, provincial and municipal governments, of the taxpayers and of the charitably disposed.

It is contended that tens of millions of dollars would flow in from the United States and other countries, but so far as we have learned, popular opinion in Ontario and the other Eastern provinces has not been won over to the sweepstakes idea. In this part of the Dominion we indulge in speculation of some kinds on a large scale, in horse racing and in card games, but the public conscience is still, we think, generally antagonistic to the legalization of lotteries and all kindred gambling devices.—*Toronto Mail and Empire.*

First Unit of St. Luke's Hospital, Montreal

Will Eventually Occupy An Entire Block. Many Special Facilities Incorporated

ONE of the latest additions to the hospital facilities of Montreal is the splendid new building of L'hôpital St. Luc. This new institution is the result of much thought and effort on the part of prominent members of the great French Catholic Community of the Metropolis.

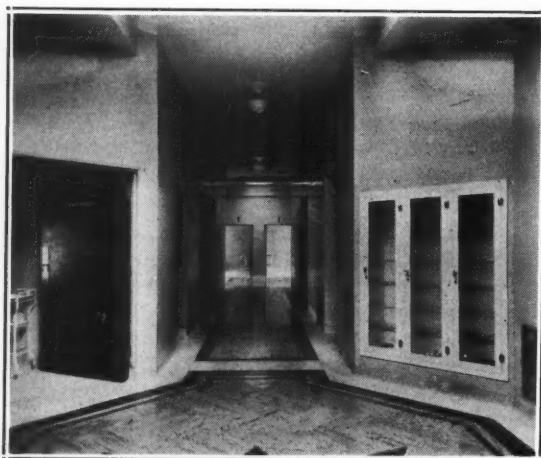
Situated as it is in the centre of one of the most thickly populated areas of the city, St. Luke's Hospital admirably serves the eastern section of the city. Although only the first half of the original project is completed at present, with a capacity of 450 beds, the building will occupy an entire city block facing on St. Denis Street, one of the main arteries of traffic. Every thought for the comfort and care of the patients has been lavished upon the design and equipment of this fine, ultra modern institution.

Structurally, the building is mainly brick with stone trim, which gives it a clean and attractive appearance. That section of the building recently completed represents the larger part of the complete structure, which in the near future will include the Nursing Home, the next unit to be built, and a Maternity Section, which will complete the building programme. The contagious disease section will be housed in a separate building on another site.

The appointments throughout this institute for the broken in health and body, have been carefully thought out, from the ventilator, heating and refrigeration systems in the basement, to the electric lights in the pent-house above the roof.

The electrical installation is unusually extensive, and comprises in addition to a special modern lighting system, motor devices, electric clocks, provision for the operation of the largest and most powerful X-ray equipment on the continent. Particular attention is drawn to the general scheme of illumination, which has been carried out throughout the building in forms best suited to the requirements of each section.

By way of illustrating this point you might glance at the accompanying picture of one of the four operating rooms and note the type of illumination used. The light



The entrance to the seven operating rooms.



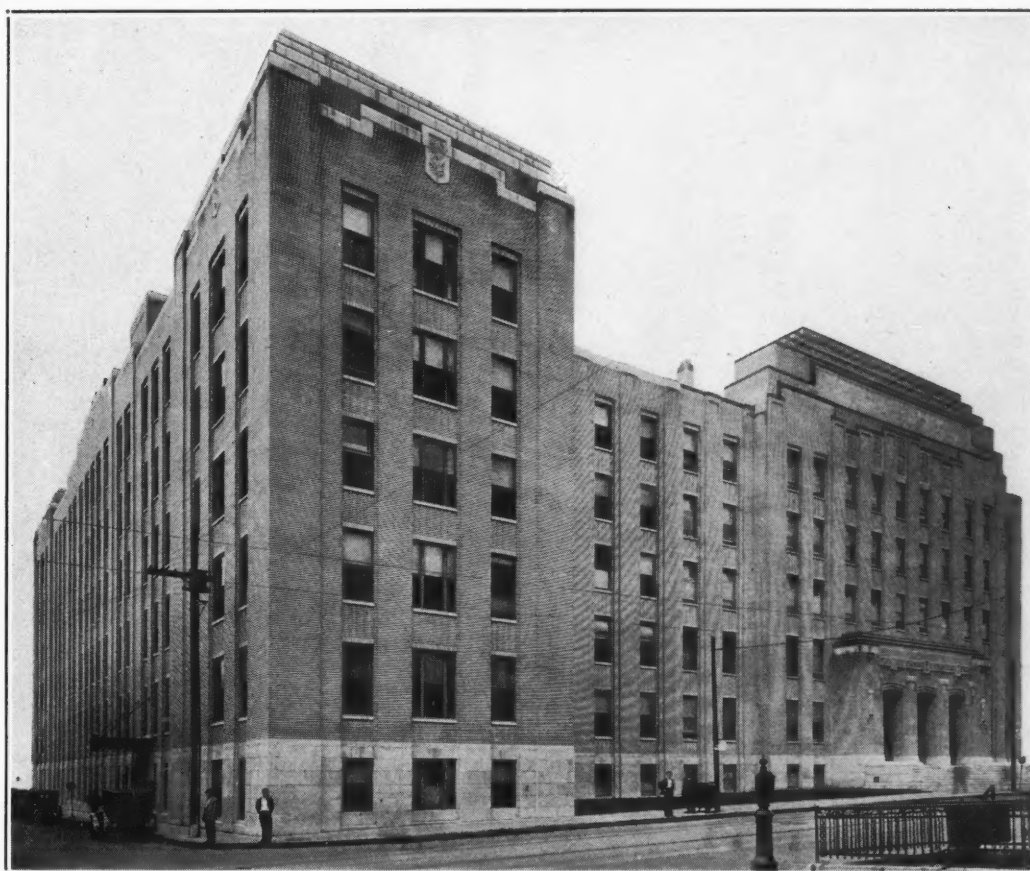
One of the seven operating rooms. Note the lighting panel in ceiling.

in each of the operating rooms is derived from a No. 1633 Curtis operating room lighting unit containing 16 X-ray concentrating type silver mirrored reflectors, very carefully adjusted so as to focus the light from each reflector upon the centre of the operating table, delivering a minimum of 500 foot candles of light without shadow or glare at all points within the area of concentration. These lights are controlled in four sections by four switches. The 24-pane ground glass panel in the ceiling serves to conceal the lighting units. The height of the ceiling in the operating rooms is 14 feet. A decorative unit is used in the Entrance Hall.

Lighting Units Harmonize with Other Appointments

In the corridors, kitchen, general offices, sitting rooms, wards, etc., the Northern Electric scientific type lighting unit with Hyperion high efficiency frosted glass bowl was used. These units are in white throughout to harmonize with the usual hospital appointments. A particular feature of these units, apart from their excellent illumination value is the ease with which re-lamping and cleaning may be done, by means of simply slipping the bowl off the reflector and as easily replacing the same. Various foot candle powers were used in the different locations so that a detailed account of each case would be somewhat complicated and unnecessary to this article.

Hospital lighting, and especially operating room lighting, has been the subject of considerable discussion in the past, and the lighting systems chosen for the new hospitals make an interesting study.



ST. LUKE'S HOSPITAL, MONTREAL, AS IT NOW APPEARS.

Children's Memorial, Montreal, Takes Over Foundling Hospital

The Montreal Foundling and Baby Hospital has been taken over by the Children's Memorial Hospital. Started over forty years ago, the Foundling Hospital, as it is generally known, has established a remarkable record in saving infant life.

The 1932 report of the institution, which occupies a spacious building on St. Urbain Street, with modern, scientific equipment, stated that the work is the care and feeding of delicate and sick babies, and the care until two years of age of such orphans or abandoned infants as are put in its charge. The death rate which at the start of this work was 96 per cent, it was therein stated, has been reduced by the science of the medical men and the skill of the superintendent, Miss Phillips (who retired on account of ill-health at the end of last year), to 4.1 per cent from all causes.

Among the important services rendered by the Foundling Hospital are the teaching of pediatrics to the medical students of McGill University and the training of children's nurses who, known as the Argyle nurses—from

the location of the hospital in its first years—are in great demand both in Montreal and farther afield.

Since the hospital began it has cared for over 4,500 babies, has trained 434 nurses and arranged adoption of over 500 children. Many of these babies, last year's report stated, later attended college, some of them fought in the Great War; many are fine citizens to-day who once were pathetic little waifs.

Maintenance of the Montreal Foundling and Baby Hospital has been found increasingly difficult from the financial point of view, under conditions prevailing at present. The yearly cost is about \$30,000, and there is now an accumulated deficit of some \$10,000.

Conditions stipulated by the executive committee and agreed to by the authorities of the Children's Memorial Hospital include the following: That the work of the Foundling Hospital shall be continued along the same lines, and that the training of children's nurses shall be retained.

Under the agreement, the Children's Memorial Hospital assumes responsibility for the Foundling Hospital and acquires its property on St. Urbain Street.

McGill to Have Exhibit at Chicago World Fair

The exhibit that McGill University will send to the Chicago World Fair this summer, representing largely the advances that have been made here in the medical field, is nearing completion. It will be in the form of a fairly large booth that will be placed in the university building at the fair. In the centre will be a panorama view of McGill that has been specially prepared, and on either side of this and on the side walls will be pictures dealing with the Osler library, the evolution of Canadian Medical journalism, special work being carried on in McGill medical departments, the history of the medical faculty in relation to the university, the development of the Montreal General Hospital, and some of the great figures that have been associated with all this work.

The section dealing with the medical faculty shows, for example, pictures of the buildings used in the history of the school, the first being on St. James Street, then on St. George, and later on Cote Street. From there the medical faculty moved into rooms in the arts building which was then on its present site, from there to a building on the site of the present biological building, and finally to the present site after the fire of 1907. This is all clearly portrayed through the pictures.

The General Hospital development is shown in the same way, with a picture of the "House of Recovery in the Recollet Suburb," from which the hospital was organized. The first building on the present site in 1821 is shown and additions made from time to time until it reached its present form.

In another section are pictures of Osler and the practice of bedside teaching that he developed at McGill. There is a picture of an X-ray taken in 1896, and photos of McGill doctors who are famous throughout the world. Dr. Osler, of course, and Dr. Wyatt Galt Johnson, who was responsible for great advances in public health work; Dr. Frank Buller, first chairman of ophthalmology at McGill; Sir Thomas Roddick, who introduced listerism; Dr. F. J. Shepherd, who developed the clinical concept in the teaching of anatomy; Dr. J. G. Adami, who developed the biological concept in pathology, and others. There is also a picture of the medical faculty of 1881, in which Osler is included.

Views of the Osler library and the work of various departments at McGill will be included before the exhibit is sent off to Chicago next month. It is at present set up in the medical museum.

Victoria Hospital, London, May Build Cancer Clinic

As soon as architect's plans are available and an estimate of cost has been completed Victoria Hospital, London, authorities and other interested groups will approach the Ontario Government with a view to arranging a grant for the proposed combined Meek Memorial Laboratory and Cancer Clinic, which it is hoped will be established here in the course of the next few months.

It is proposed to use only a portion of the Meek be-

quest for the erection of a building, but a portion of the Government grant of \$200,000 promised toward a new hospital may be obtained. It is the intention to set aside \$100,000 of the bequest as an endowment, while the cost of the building it is suggested may be built would amount to possibly \$100,000. Under present plans Victoria Hospital would supply sufficient beds for the clinic, while provision would be made in the new building for the X-ray and radium departments.

Considers Heat Sterilization of Sutures Only Safe Method

IN the February 1st issue of *Surgery, Gynecology and Obstetrics*, Dr. Ralph O. Clark gives his findings on a study of suture sterilization by heat and chemical methods, a subject which has received much consideration in recent months. Dr. Clark stated, in part, as follows:

"The primary object of this research work was to determine whether any of the chemical compounds, which are on the market or which are otherwise available, will exhibit reliable and effective bactericidal properties when used for sterilizing catgut. Efficient germicidal action is claimed or has been demonstrated for many chemical compounds when used for various surgical, medical, or laboratory purposes. Hence, the initial studies in this investigation were confined to the sterilizing action of such compounds on catgut; but as the work progressed, many other chemical compounds were included in the study.

"This research work involved bacteriological studies of 334 experimental lots of catgut comprising several thousand sutures, together with 154 commercial lots embracing 1,134 catgut sutures. The results of this investigation have proved conclusively that chemical sterilization of surgical catgut as employed at present is inefficient and unreliable. Hence, it becomes evident that chemically sterilized catgut sutures are unsafe because their sterility is uncertain; unless, of course, some chemical not included in this study or which may be developed in the future proves to be an effective sterilizing agent for catgut.

"Unlike chemical disinfection, the efficiency of sterilization of catgut sutures by heat does not depend upon the absorption of ions. On the contrary, heat of an effective degree penetrates all parts of the cell colloid of any bacteria that may be within the catgut, and thus devitalizes the essential matter of the bacterial cell.

"In my studies of the chemical sterilization of surgical catgut, each experiment was controlled by subjecting to heat sterilization a duplicate lot of catgut sutures that had been treated with the particular chemical being studied. In every instance, the heat-sterilized sutures came through the bacteriological tests with entire absence of bacterial growth; thus proving that heat sterilization, properly controlled, is the only safe and positive method for sterilizing surgical catgut sutures. Moreover, there was no impairment of tensile strength as a result of the heat treatment; thus showing that with sufficient care, effective heat sterilization can be applied without altering the physical properties of the catgut."



S U T U R E S I N A N C I E N T S U R G E R Y



JEAN TAGAUT (d. 1546) was born at Vimeux in Picardy and practiced in Paris, where for four years he was dean of the Faculty of Medicine. He waged an unceasing fight against quackery, particularly that employing astrology to deceive the ignorant. His *De Chirurgica Institutione Libri Quinque*, was one of the first surgical works to be written in Latin. In discussing wound treatment Tagaut advises debridement of wounds "that are not fresh" and approximation of the edges by bandages, clasps, or sutures.

D&G Sutures

"THEY ARE HEAT STERILIZED"

DAVIS & GECK INC.

Kalmerid Catgut

EMBODIES all the essentials of the perfect suture. Being impregnated with the double iodine compound, potassium-mercuric-iodide, it exerts a bactericidal action in the suture tract and supersedes the older unstable iodized catgut. Prepared in two varieties—Non-Boilable for those desiring the maximum of suture flexibility, and Boilable for those preferring to sterilize the exterior of tubes by boiling or autoclaving. Both varieties are heat sterilized.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	
1405..PLAIN CATGUT.....	approx. 5'	
1425..10-DAY CHROMIC.....	" 5'	
1445..20-DAY CHROMIC.....	" 5'	
1485..40-DAY CHROMIC.....	" 5'	

BOILABLE VARIETY

1205..PLAIN CATGUT.....	approx. 5'
1225..10-DAY CHROMIC.....	" 5'
1245..20-DAY CHROMIC.....	" 5'
1285..40-DAY CHROMIC.....	" 5'

Sizes: 000..00..0..1..2..3..4

also 4-0 in non-boilable variety

Package of 12 tubes of a kind.....\$3.00

Kal-dermic Skin Sutures

ANON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.

NO.	SUTURE LENGTH	DOZEN
550..WITHOUT NEEDLE.....	120"	\$3.00
954..WITH 1/2-CURVED NEEDLE.....	20"	2.40

Sizes: 000 00 0
(FINE) (MEDIUM) (COARSE)

852..WITHOUT NEEDLE.....40"..... 1.50

Sizes: 6-0..4-0..000..00..0

In packages of 12 tubes of a kind and size

Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

NO.	SUTURE LENGTH	DOZEN
555..WITHOUT NEEDLE.....	60"	\$3.00

Sizes: 1 2 3
(FINE) (MEDIUM) (COARSE)

In packages of 12 tubes of a kind and size

Intestinal Sutures

KALMERID plain or chromic catgut with Atraumatic needles integrally affixed. For gastro-intestinal work and membranes where minimized trauma is desirable.

EXCEPTIONAL STRENGTH HERE 

NON-BOILABLE VARIETY

Plain Catgut:

NO.	SUTURE LENGTH	DOZEN
1501..STRAIGHT NEEDLE.....	28"	\$3.00
1503..3/8-CIRCLE NEEDLE.....	28"	3.60
1504..SMALL 1/2-CIRCLE NEEDLE* 28"		3.60
1505..1/2-CIRCLE NEEDLE.....	28"	3.60

20-Day Chromic:

1541..STRAIGHT NEEDLE.....	28"	\$3.00
1542..TWO STRAIGHT NEEDLES.....	36"	3.60
1543..3/8-CIRCLE NEEDLE.....	28"	3.60
1544..SMALL 1/2-CIRCLE NEEDLE* 28"		3.60
1545..1/2-CIRCLE NEEDLE.....	28"	3.60

BOILABLE VARIETY

Plain Catgut:

1301..STRAIGHT NEEDLE.....	28"	\$3.00
1303..3/8-CIRCLE NEEDLE.....	28"	3.60
1304..SMALL 1/2-CIRCLE NEEDLE* 28"		3.60
1305..1/2-CIRCLE NEEDLE.....	28"	3.60

20-Day Chromic:

1341..STRAIGHT NEEDLE.....	28"	\$3.00
1342..TWO STRAIGHT NEEDLES.....	36"	3.60
1343..3/8-CIRCLE NEEDLE.....	28"	3.60
1344..SMALL 1/2-CIRCLE NEEDLE* 28"		3.60
1345..1/2-CIRCLE NEEDLE.....	28"	3.60

Sizes: 00..0..1, except *00..0 only

In packages of 12 tubes of a kind and size

Circumcision Sutures

KALMERID plain catgut threaded on a small, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
630..WITH EYED NEEDLE.....	28"	00, 0
635..WITH ATRAUMATIC NEEDLE.....	28"	00, 0

BOILABLE VARIETY

600..WITH EYED NEEDLE.....	28"	00, 0
605..WITH ATRAUMATIC NEEDLE.....	28"	00, 0

Package of 4 tubes \$1.00; per doz. \$3.00

DISCOUNTS ON QUANTITIES

DAVIS & GECK, INC. • 217 DUFFIELD ST. • BROOKLYN, N.Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Obstetrical Sutures

KALMERID 40-day catgut threaded on a large, full-curved eyed needle, or with an Atraumatic needle integrally affixed.

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
680..	WITH EYED NEEDLE.....28"	2, 3
685..	WITH ATTRAUMATIC NEEDLE..28"	2, 3

BOILABLE VARIETY

650..	WITH EYED NEEDLE.....28"	2, 3
655..	WITH ATTRAUMATIC NEEDLE..28"	2, 3

Package of 3 tubes \$1.00; per doz. \$3.60

Plastic, Eye, Nerve, and Artery Sutures

WITH Atraumatic needles integrally affixed. Selection of material and size and shape of needles based on consensus of professional opinion in respective fields. Suture length 18 inches. Boilable.

Plastic Sutures:

1651..	3/8-CIRCLE NEEDLE ON 6-O KAL-DERMIC
1655..	1/2-CURVED NEEDLE ON 4-O KAL-DERMIC
1658..	1/2-CURVED NEEDLE ON 4-O BLACK SILK

Eye Sutures:

1661..	1/2-CIRCLE NEEDLE ON 6-O BLACK SILK
1665..	3/8-CIRCLE NEEDLE ON 4-O BLACK SILK
1668..	3/8-CIRCLE NEEDLE ON 3-O PLAIN CATGUT

Nerve Sutures:

1670..	STRAIGHT NEEDLE ON 6-O BLACK SILK
--------	-----------------------------------

Artery Sutures:

1675..	STRAIGHT NEEDLE ON 6-O BLACK SILK
--------	-----------------------------------

Package of 12 tubes of a kind. . . . \$3.60

Kalmerid Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide. Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The Non-Boilable variety is extremely flexible. Tendon lengths vary from 12 to 20 inches.

NO.	
370.....	NON-BOILABLE VARIETY
380.....	BOILABLE VARIETY

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Package of 12 tubes of a kind. . . . \$3.00

DISCOUNTS ON QUANTITIES

Unabsorbable Sutures

BOILABLE

NO.	SUTURE LENGTH	SIZES
350..	CELLULOID-LINEN.....60"	000, 00, 0
360..	HORSEHAIR.....168"	00
390..	WHITE SILKWORM GUT..84"	00, 0, 1
400..	BLACK SILKWORM GUT..84"	00, 0, 1
450..	WHITE TWISTED SILK..60"	000 TO 3
460..	BLACK TWISTED SILK.....60"	000, 0, 2
480..	WHITE BRAIDED SILK.....60"	00, 0, 2, 4
490..	BLACK BRAIDED SILK.....60"	00, 1, 4

Package of 12 tubes of a kind. . . . \$3.00

Short Sutures for Minor Surgery

NON-BOILABLE VARIETY

NO.	SUTURE LENGTH	SIZES
702..	PLAIN KALMERID CATGUT..20"	00 TO 3
722..	20-DAY KALMERID " ..20"	00 TO 3
742..	40-DAY KALMERID " ..20"	00 TO 3

BOILABLE VARIETY

802..	PLAIN KALMERID CATGUT..20"	00 TO 3
812..	10-DAY KALMERID " ..20"	00 TO 3
822..	20-DAY KALMERID " ..20"	00 TO 3
842..	40-DAY KALMERID " ..20"	00 TO 3
862..	HORSEHAIR.....56"	00
872..	WHITE SILKWORM GUT..28"	0
882..	WHITE TWISTED SILK.....20"	000, 0, 2
892..	UMBILICAL TAPE.....24"	1/8" WIDE

Package of 12 tubes of a kind. . . . \$1.50

Emergency Sutures

THREADED on half-curved eyed needles with cutting edges for skin, muscle, or tendon. Boilable.

NO.	SUTURE LENGTH	SIZES
904..	PLAIN KALMERID CATGUT..20"	00 TO 3
914..	10-DAY KALMERID " ..20"	00 TO 3
924..	20-DAY KALMERID " ..20"	00 TO 3
964..	HORSEHAIR.....56"	00
974..	WHITE SILKWORM GUT..28"	0
984..	WHITE TWISTED SILK.....20"	000, 0, 2

In packages of 12 tubes of a kind

Emergency Kit Assortment:

900..ASSORTED—CATGUT, SILK, HORSEHAIR, AND KAL-DERMIC SKIN SUTURES

Package of 12 tubes. \$2.40

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is the result of the utmost care in selec-
tion of materials and in their processing;
plus rigid tests at every step.

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Committees Appointed for Registered Nurses Convention

Committees are announced for the annual convention of the Ontario Registered Nurses' Association, which, for the first time, is to be staged in Windsor this year, the sessions to be held in the Prince Edward Hotel during Easter Week, April 19, 20, 21 and 22.

Miss Mary Millman, president of the Ontario association, is general chairman for the event, with Miss Nellie Gerard as chairman of local arrangements. The entertainment committee includes Miss Emily McLaughlin, Miss Edna Hortop and Miss Margaret Hull, and Miss Mary Ann Finnegan is finance convener for the event.

Miss Helen Mahoney, Miss Edith Williams, Miss Carolyn LaRose, Miss Mary Parent, Miss Frances McNally, Miss Grace Cooper, Miss Angela Code, Mrs. C. F. Seabrooke, Mrs. Douglas S. Whyte and Mrs. A. Johnston constitute the reception committee, and Miss Mary May is convener of the registration committee, with Miss McLaren, Miss J. Landeau, Miss Jessie McLaughlin, Miss Agnes Arner and Miss Therese Lainey as her assistants.

The information committee includes Miss Betty Bartlett and Miss Lillian Arsenault, and Miss McConnell, Miss Grace Irwin, Miss Mary T. Shand and others are included on the luncheon committee, with Mrs. James Graham and Mrs. Love in charge of transportation.

Miss Harriet Piper is arranging for the open meeting on Friday evening, April 21, assisted by Miss Margaret Bowlby, and Miss Helen Mahoney is convener for the reception and dance which will follow at 10 o'clock, assisted by two nurses from each hospital and each nursing association in the Border.

Miss Mabel Hoy is arranging the commercial exhibit and Miss Mary Parent, the professional exhibit, and Miss Nora Webster is in charge of ushering at the various events, with Miss Hull as press convener.

Non-Tarnishing Aluminum and Stainless Steel Hospital Furniture

An interesting display of metal hospital equipment was exhibited in the Avon House of the Robert Simpson Co., Limited, Toronto, during the first part of March. It consisted of obstetrical table, designed after the most modern plans; wheel stretcher with adjustable litter, and solid aluminum ball bearing disc wheels and forks; bedside table with welded frame and rubber top; instrument table; anæsthetic table; instrument cabinet; portable lamp; shelf stand; portable irrigating stand and basin stand; and surgeon's adjustable stool.

Every piece of equipment in the display was made of non-tarnishing aluminum, the working surfaces of which were made of staybrite stainless steel. It is believed that this is the first hospital equipment made, the metal parts of which were constructed entirely of a non-tarnishing aluminum and stainless steel.

This special equipment was made for the Peel County Memorial Hospital, Brampton, Ontario, and was manufactured by the Hospital and Kitchen Equipment Company, Limited, Toronto.

Please refer to THE CANADIAN HOSPITAL when writing

Sterling Surgeons Gloves

"CANADIAN MADE—UNSURPASSED"



Elbow Length Obstetric Glove

Supplied in smooth finish only.

Sizes 7, 7½, 8 and 8½.

Specialists in Surgeons' Gloves for 18 Years.

Sterling Rubber Company
LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves in the British Empire

FOR ECONOMICAL FLOOR MAINTENANCE

Where you have a large floor area to maintain . . . whether the surface is linoleum, rubber composition, tile, terrazzo or hardwood . . .

FINNELL Electric Floor Equipment

saves labour, time and money. A machine for every floor cleaning and polishing purpose . . . and several units that combine as many as four operations in one.

SCRUBBING—APPLYING WAX—POLISHING—ETC.

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REGINA GENERAL HOSPITAL.

The Psychopathic Division of the Regina General Hospital

By DR. O. E. ROTHWELL

IN the equipment and furnishings of the Psychopathic Department of the Regina General Hospital it was the aim of those in charge to develop an atmosphere conducive to rest and relaxation, and to get away from the usual hospital or institutional appearance. This would appear to have been accomplished. The furniture and equipment resemble those of a home more than of an institution. In the plan of the building this was also carried out, so that any patients who are not usually confined to bed have access to the spacious halls and living rooms. There is also on each floor an enclosed verandah with southern exposure, where the patients may go when unable to take an outing otherwise. For those whose conditions warrant it, arrangements are made that they may go out for walks or drives in the City, when their treatment will allow and the time is convenient. In this way we are able to overcome the feeling in some patients that they have surrendered their liberty.

In reviewing the cases which have come under our observation and care we are impressed by the proportion who exhibit some form of organic disease. While this has not always been an important factor in the causation and treatment, still it has been in quite a percentage of these cases. The General Hospital has a well organized laboratory under the supervision of a pathologist, and there is also an X-ray and Physiotherapy Department under the supervision of a competent radiologist. Both of these departments are available for our patients in the working out of a complete diagnosis. Our nursing service is composed of day and night supervisors who have had special training in Psychopathic work, supplemented by nurses-in-training, who are under the direct supervision of the training school of the General

Hospital. Further, we maintain a staff of male nurses who have had training in this work. We also have the assistance of the interns of the General Hospital, who are available at all times for attendance on patients, and who serve in the capacity of house physicians. With the staff so organized, there should be no difficulty in rendering to the patients every attention demanded by any physical condition that may exist along with their nervous or mental state. This, we consider, is a most important factor in the organization of a Psychopathic Ward.

This Department is maintained and operated by the Regina General Hospital, as are the other Departments, in the matter of fees. There is this difference, however, in that since the Psychopathic Ward is under the direction of Dr. O. E. Rothwell, all the medical treatment of patients in this Department is under his supervision; hence there is no further charge for medical attendance.

We have private, semi-private and public ward accommodation, and we believe that in each of these instances they are quite the equivalent of what is offered in the General Hospital here or in any private sanatorium. Our rates are based on the type of ward the patients feel they will require and can afford. The public wards are \$3.00 per day, the semi-privates are \$4.00, and the private wards, \$5.00 per day.

There are many factors to be considered in the question of treatment. The environment, where this is to be carried out, and the personnel of those taking part in it are important ones. The individual attention that it is possible to give, where patients are maintained in small groups, is both important and beneficial to the treatment. As to what procedure shall be followed, this has to be determined by

(Continued on page 25)



DR. O. E. ROTHWELL,
Director of Psychopathic Ward.

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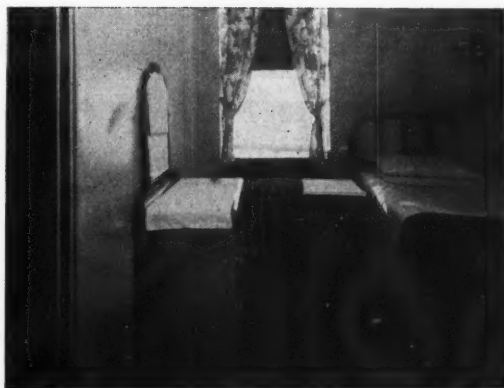
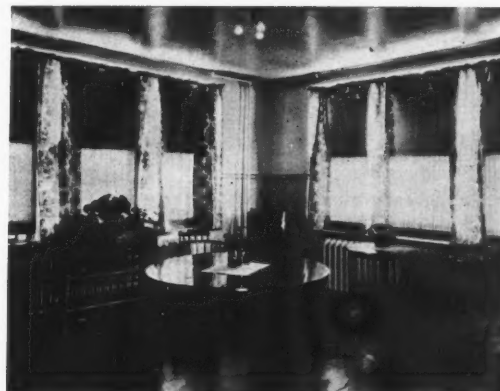
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Hospital Patients Benefit Greatly by Occupational Therapy

THE Toronto Association of Occupational Therapy annual meeting, held on March 2nd, at the workshop on Bloor St., gave opportunity to the members to see through condensed but comprehensive reports the magnificent work being accomplished. Accounts of the year's work were heard from Mrs. Mortimer Lyon of the general workshop committee; Miss Kathleen O'Grady, secretary; Dr. G. A. McLarty, medical committee.

Miss Joan Mudge, in her report on the occupational therapy departments of hospitals and institutions of Toronto and the surrounding district, emphasized the fact that the training afforded by the occupational therapy department was not merely making the patient a happier person, but what was most important, was teaching him to overcome his disabilities, whether mental or physical, thereby enabling him to take his place as a useful citizen.

Work done among tubercular and convalescent patients was not only diversional, she stated; but by an improved mental attitude, convalescence was shortened. At the Toronto Hospital for Consumptives a splendid variety of crafts was carried on—furniture making, shoe repairing, tailoring, pewter work, leather parts for orthopedic appliances.

An increased interest in occupational work was reported by the Toronto Hospital for Incurables, and many prizes were received by the patients each year at the Canadian National Exhibition. The Institute for the Blind was carrying on vocational work for its patients, and the sales were most impressive; more than 68,000 articles were made, and more than \$48,000 realized from their sale during the year. A request for materials had been made from other provinces, continued Miss Mudge, even as far away as British Columbia.

The Industrial Refuge for Girls had developed a rug industry, and almost \$1,000 was realized at the sale, indicating the good work of the 80 or 90 girls.

At the Wellesley Street school for crippled children, 61 out of 64 received treatment last year; and Dr. Wansbrough of the Hospital for Sick Children had been appointed by the board of public health as supervisor on treatment. At the Hospital for Sick Children at Thistle-town, the supervision of the library had been taken over by the therapist, and the repair and care of the books was soon to be a regular part of the older children's training. A full-time therapist was recently installed at the Hospital for Sick Children on College Street.

Doctors at the Toronto General Hospital were much interested in the occupational work, said Miss Mudge; and more than 12 had referred their patients to the department for treatment. The department at the Toronto East General was still very young, but had installed new apparatus as the result of the money made at the sale arranged by the Toronto East Physicians' Wives Association, and 80 patients were receiving treatment, although there was as yet only one therapist.

An interesting outline of the various ways in which the occupational departments were financed was included in the report. That of the hospital at Thistle-town had al-

Get Your Community
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National Hospital Day

May 12th, 1933

... and show the citizens of your
community why they should assist
your institution to maintain and
develop its facilities for the pro-
motion of better health.

ways been under the administration of the hospital itself. The Junior League financed the department in the Hospital for Sick Children on College Street; that at St. Mary's Hospital was in charge of the Eaton Girls' Club; the Ontario Mental Hospital was under the Ontario Government; and many others, which began as bursaries, were now financed by the respective institutions.

A sum of about \$4,000 had been realized from the Street Sale, according to the report of the treasurer, Mr. Ross Gooderham, and a further sum of \$500 had resulted from the theatre night.

Dr. Alexander Primrose was elected president of the association, and other officers are:—Vice-presidents, Dr. R. D. Rudolph, Dr. Robert Armour and Mrs. Douglas Hobbs; honorary treasurer, Mrs. F. K. Morrow; directors, Dr. Primrose, Dr. Goldwin Howland, Mr. E. G. Long, Mr. Harold Mara and Mr. Ross Gooderham.

After the meeting tea was served from a flower-decked table at which Mrs. Long and Mrs. Harold Mara presided.

Dr. W. C. Herriman President of Ontario Neuro-Psychiatric Association

The annual meeting of the Ontario Neuro-Psychiatric Association for the year 1933, was held at the Ontario Hospital, Toronto, on Monday, February 27th. The President and Director of Hospital Services for the Province of Ontario, Doctor B. T. McGhie, presided. Mr. T. H. Bell, M.P.P., gave the address of welcome. Papers were read by Mr. G. E. Hobbs, Doctor R. C. Montgomery, and the guest speaker was Doctor W. T.

B. Mitchell, Director of the Mental Hygiene Institute, Montreal. At the Association dinner, which followed, the Honourable Doctor J. M. Robb, Minister of Health, was the guest speaker. The new Executive for the ensuing year is as follows:

Honourary President—the Honourable Doctor J. M. Robb.

President—Doctor W. C. Herriman.

Vice-President—Doctor T. D. Cumberland.

Secretary—Doctor A. McCausland.

Executive Committee—Doctor B. T. McGhie, Doctor J. Stewart, Doctor G. Stevenson, Doctor R. G. Armour, Doctor S. J. W. Horne, and Doctor R. Montgomery.

The Editorial Board of the Ontario Journal of Neuro-Psychiatry is as follows: Doctor B. T. McGhie, Doctor C. B. Farrar, Doctor D. R. Fletcher, Doctor J. P. S. Cathcart, and Doctor J. D. Hanna.

50th Anniversary of Sterilizer Concern

This year marks the "golden milestone" in the history of the Wilmot Castle Company of Rochester. Its historical past goes back before the days of general sterilization and its early products link into the development of sterilizers in a truly romantic manner. The old and the new will be shown side by side in an exhibit this summer at the "Century of Progress" Exhibition in Chicago.

When it began its career in 1883, the Castle Company's chief product was a "Steamer" for domestic purposes. It was a homely cooker that our grandmothers used and prized. Suddenly in the early 90's the real usefulness of this steamer was appreciated in the realm of science and the word "Castle" was lifted from the household to the laboratory.

It was Herbert E. Smith, M.D., Professor at Yale, who discovered that Castle's "Arnold Cooker," as it was called, offered the best means for sterilizing culture media at 100° C. His lecture on the subject at the College of Physicians and Surgeons in New York started a movement that led Castle to make, first, bacteriological apparatus, then sterilizing apparatus for the physician and surgeon in office and hospital, and later, sterilizers for dentists. So, for most of its 50 years of service the Castle Company has specialized in sterilizers.

Wilmot Castle and his brother, Arthur Castle, who founded the company, are still active in its management. This year, in celebrating their Golden Anniversary in Business, they have found respect as well as a certain affection for their first product, the old Arnold "Steamer." So it is altogether appropriate that it receives honourable mention not only in the company's anniversary, but also in the "Century of Progress" Exhibition.

The Psychopathic Division of the Regina General Hospital

(Continued from page 22)

the nature of each case. Hydrotherapy in its many branches still maintains a prominent position in the question of treatment. This has been fully recognized in the equipping of our Ward, and we have facilities to carry this out in the present day methods.

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Vol. 10

APRIL, 1933

No. 4

Make the Most of National Hospital Day This Year

NATIONAL Hospital Day should be a big day in the life of your hospital if climate and local conditions make it advisable to celebrate this occasion on May 12th.

The hospitals of Canada now number more than 900. Bed capacity exceeds 80,000. Capital investment is about \$241,000,000. The annual maintenance budget is over \$50,000,000. These figures indicate in a material way the size and importance of the hospital field. Measured in terms of service to the sick and injured the value of our hospital facilities is of course beyond mere figures. Probably no country in the world possesses more efficient hospital facilities than does this country of ours, and our hospital personnel ranks with the best anywhere. Surely an imposing picture to supplement the local pride in your own hospital.

This year, more than ever, is the need of National Hospital Day apparent. Decreased revenues and curtailed grants make it advisable to impress upon the citizens of your community the necessity of standing behind your institution. Hospitals are discouraged from soliciting donations on May 12, but the sympathetic support which is now so vital to the welfare of your hospital can be encouraged by showing visitors the role your hospital plays in the furtherance of better health.

Hospitals desiring suggestions for programmes and publicity for National Hospital Day may obtain these from the National Hospital Day Committee of the American Hospital Association, 18 East Division Street, Chicago, or from Hospital Management, 537 South Dearborn Street, Chicago.

The Need of Expert Advice in Hospital Planning

THE complexity of thought on hospital building, the divergence of opinions in regard to the layout of hospitals, types of building, sizes of wards and rooms and so on held by European, United States and Canadian hospital planning experts, emphasizes the need for the most careful study of all factors, including local conditions, before a hospital finally decides on its building project.

In an article published in part in this issue of the Canadian Hospital by Mr. B. Evan Parry, Chairman Canadian Section of the International Hospital Association Building Committee, attention is called to differences which obtain in various countries with regard to the hygienic minimum space requirements per bed, and the variance in general requirements.

For instance, the by-laws of the local authorities of the United States call for a minimum of 800 cubic feet; in Germany 700 cubic feet, and those in Canada range from 800 to 1,000 cubic feet per patient bed. According to European investigations the German standard is sufficient and, if exceeded, the cost of building is unnecessarily increased. Another reference is made to the horizontal and vertical types of building which throws light on the many advantages of vertical construction with, apparently, few disadvantages.

To sum it all up it would seem that the best expert advice obtainable is necessary to build and equip a hospital that will meet, economically, the special requirements demanded of its sponsors and to co-ordinate the professional services so that they will function with a minimum of expense and a maximum of service.



Canadian Hospital Council to Meet in Winnipeg

ARRANGEMENTS have been made for a meeting of the Canadian Hospital Council in Winnipeg, probably on September 8th and 9th. The Canadian Hospital Council, formed in 1931, is composed of representatives of the 12 hospital associations in Canada, the federal and most of the provincial governments and the hospital departments of the Canadian Medical Association. It was decided to hold a meeting approximately every two years and, despite adverse general conditions prevailing at the present time, the bodies forming the membership of the Council have enthusiastically supported the proposal to hold a meeting this year. Winnipeg has been chosen as being readily accessible from all parts of Canada and the dates chosen will permit the delegates, following the Council meeting, to proceed to Milwaukee to the large convention of the American Hospital Association.

Present indications are that all parts of Canada will be represented and that there will be many unofficial as well as official delegates at the sessions. A number of interesting studies by the various study committees are now approaching completion and these analyses of various phases of hospital work in Canada will prove most in-

teresting bases for discussion. It is anticipated that the financial problems of hospitals will be given considerable thought and that the various methods of meeting financial situations and the individual budget will be carefully studied. This Council meeting will bring together for the first time in Canadian history representatives of the various hospital associations and of the provincial and federal governments. With the hospitals finding it increasingly necessary to seek government assistance and with the governments as a result being more vitally concerned with hospital finance, administration, distribution and hospital relationship to health problems, this opportunity to get together and discuss not only provincial but inter-provincial and federal legislation should prove most valuable.

Other matters to be discussed will be problems of small hospitals, construction and equipment, ideals and standards, and medical relationships. Administrative problems will be given considerable prominence, and it is anticipated that the public relations and responsibilities of the hospitals will be analyzed, and if possible policies formulated. One committee is making a special study of certain aspects of student nurse health.

Further details will be announced later, and in the meanwhile it should be emphasized that hospital workers will be most welcome at this session of the Council. Further information may be obtained from the Secretary, Doctor Harvey Agnew, 184 College Street, Toronto.



"American and Canadian Hospitals" is Comprehensive Work

"American and Canadian Hospitals" is the name of an historical and informative work of reference on accredited hospitals and allied institutions throughout the United States and Canada. This book is the outcome of an expressed desire by high officials of the American Hospital Association for a work of this nature.

It contains the histories of all the national organizations in the hospital field, a complete word picture of virtually every reputable hospital in the United States and Canada, and much miscellaneous information of value to all engaged in hospital work as well as to the general public.

"American and Canadian Hospitals" represents a tremendous amount of work and expense as indicated in its more than 1,500 pages of 8 pt. type. It is edited by James Clark Fifield with the co-operation of the American Hospital Association and published by Midwest Publishers Company, Minneapolis, Minnesota.

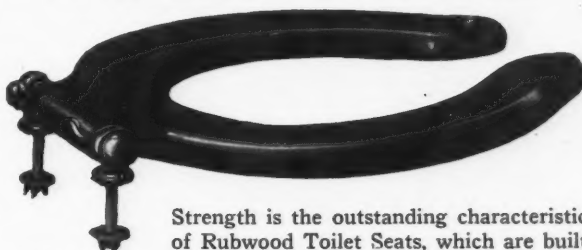
Evening

The hills are folded for the night
In veils of insubstantial light;
And day has doffed her flowered dress
And stilled her singing eagerness.
The late gold fades from earth's far rim,
And all the air grows silver dim.
No movement stirs the shadows where
Evening comes quiet as a prayer.

JOYCE M. WESTRUP, in *The Observer*.

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News of Hospitals and Staffs

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BROCKVILLE, ONT.—The Brockville ambulance commission has decided to adopt new rates for the use of the ambulance in carrying patients to and from the two hospitals. For service inside the town hereafter a flat rate of \$2.00 per call will prevail, while for out-of-town calls the rate will be 50 cents per mile.

* * *

HAMILTON, ONT.—When the walls of the operating room at Seaside Hospital, Long Beach, California, collapsed in the earthquake, Miss Edith Leitch, daughter of Dr. J. L. Leitch, 99 Queen Street south, this city, was on duty in the operating room.

Physicians and nurses remained at their posts amid the crashing of timbers and plaster, and carried on their work by aid of the light from a policeman's flashlight. Surgeons stood in two feet of water, as the hospital's sprinkler system had broken, and nurses and doctors remained on duty at the hospital for 20 hours straight.

HIGH RIVER, ALBERTA.—High River Municipal Hospital Board has set the hospital tax levy at 1½ mills, the same levy as prevailed in 1932. The total requisition is \$18,580, and in recognition of the difficulties being experienced by taxpayers the board has decided that a 10 per cent. discount will be allowed on all quarterly requisitions paid when due, the first requisition being due on April 1. Estimates for 1933 show a slight reduction, confined almost entirely to lower prices on products. Last year saw a considerable cut in salaries and other costs.

* * *

KINGSTON, ONT.—The new Ontario Radio-Therapy (Cancer) Institute was opened on March 3rd by the Hon. J. M. Robb, Minister of Health, and Dr. J. W. S. McCullough, Chief Inspector of Health, Province of Ontario. A public educational illustrated address on cancerous diseases was a feature of the opening.

* * *

LONDON, ONT.—Dr. John Wells, interne at Victoria Hospital, has been appointed to the staff of the Ottawa General Hospital. Since graduation from the Medical School two years ago he has been on the Medical School and Institute of Public Health faculties.

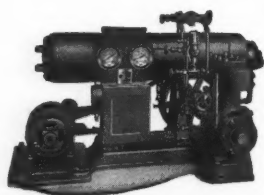
* * *

LONDON, ONT.—Intimate pictures of the life in the Canadian Labrador, with Harrington Hospital as the centre of a community, were given to the local auxiliary to the Grenfell Mission at a meeting, held in the home of Mrs. W. Sherwood Fox, president.

Dr. Donald G. Hodd, a member of the medical staff of Harrington Hospital for the past seven years, and now on furlough, was the guest speaker and, with Mrs. Hodd, answered a number of questions on the work, put by the members of the auxiliary.

* * *

LONDON, ONT.—The nurses in training of the Ontario Hospital gave an enjoyable dance at the crystal ballroom of the Hotel London on March 2nd, when a large number of guests enjoyed the delightful dance programme. Palms, ferns and flowers were used effectively in decorations, which were carried out in green and gold, the school colours. Patronage was given to the dance by Dr. and Mrs. Fulton S. Vrooman, Dr. and Mrs. C. A. McClenahan, Dr. and Mrs. E. P. Johns, Dr. and Mrs. E. James, Major and Mrs. F. S. Fisher, Rev. and Mrs. Kenneth Taylor and Mrs. S. F. Lawrason. The guests were received by Miss Jacobs, superintendent of nurses, and Miss Doris Tuck, Miss Margaret Steele and Miss Lucie Dillon. Arrangements for the dance, which included novelty numbers and a dainty supper, were in the hands of Miss Cora Brown, assisted by Miss Mildred Britton and Miss Eleanor Rousseau.



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MONCTON, N.B.—In the passing of Dr. L. H. Price the medical profession lost a valued member, and the City of Moncton one of its most highly esteemed citizens. Dr. Price spent a couple of years in South Africa during the Boer War, attached to the British Army Medical Corps and had the distinction of being sent to St. Helena during the incarceration of General Cronje, with whom he was much in contact.

He was for many years one of the senior physicians of the City Hospital, as well as a member of the Hotel Dieu medical staff. He was also a former President of the New Brunswick Medical Association and the Moncton Medical Society.

* * *

MONTREAL.—Dr. William James Derome, 64, Fellow of the American College of Surgeons, died on March 17th. He was a surgeon at Hotel Dieu Hospital.

* * *

MONTREAL.—Interested in the surgical technique of Montreal hospitals a group of some 50 surgeons, all members of the Brooklyn and Long Island Chapter of the American College of Surgeons, on February 22nd made the rounds of surgical clinics organized for them in Montreal General and the Royal Victoria Hospitals.

* * *

MONTREAL.—Plans for a provincial health society are before the Quebec Government, it is learned. The society is to be a province-wide co-operative organization, maintained by monthly contributions, for which the subscribers will be assured medical and dental treatment along with hospital care.

The plan is sponsored by the University of Montreal. Many hospitals and large drug firms in the city have approved of it and the Roman Catholic authorities of the diocese of Montreal have given their sanction.

According to plans, monthly fees ranging from 60 cents to \$3 will be paid by subscribers. In return, they will be assured monthly physical examinations, as well as medical, surgical and dental treatment, in the home or hospital as is advisable.

* * *

OTTAWA.—Leprosy in Canada is decreasing and there are now only 15 cases in the two lazarettos which are administered by the Federal Department of Health. Of these, ten are at Tracadie, N.B., and the remainder at Bentinck Island on the west coast of British Columbia.

* * *

OTTAWA.—Rev. Sister Alice de Marie has been appointed Superior of Ottawa General Hospital, succeeding Rev. Sister St. Josephat, who was recently appointed general bursar of Grey Nuns of the Holy Cross. Sister Alice de Marie is very well known in Ottawa. She has been attached to Ottawa General Hospital for the past 10 years, and for eight years was in charge of the X-ray department.

* * *

PETROLIA, ONT.—High honors were conferred on Miss F. C. Ritchie, superintendent of the Charlotte Eleanor Englehart Hospital, recently, on her appointment to the Ontario Nurses' Educational Board, the appointment being made by the Honorable J. M. Robb. Miss Ritchie, as member of the board, will represent the hospitals of all the smaller communities of Ontario.

Congratulations are being extended to Miss Ritchie on the recognition of her capable superintendence of the Petrolia Hospital.

* * *

SAINT JOHN, N.B.—Dr. W. F. Roberts was re-elected president of the Saint John Health Centre Association when the directors, elected at the recent annual meeting, met and organized for the coming year's activity. Dr. Roberts recalled that the Health Centre in Saint John was the first of its kind in the world and the first and the only recognized effort to carry out the ideals of preventive medicine in the community. He exhorted the members to build greater the work established.

* * *

(Continued on next page)

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OTTAWA

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THREE RIVERS, ONT.—Philippe Bigué, K.C., was unanimously re-elected as President of the Cooke Hospital-Sanatorium. Mr. Bigué, who was one of the active founders of this Sanatorium, has been its president since its foundation, a place which he has occupied with conspicuous ability and energy.

* * *

TORONTO.—Miss Mary Callen, who graduated in the St. Michael's Hospital nursing class of last year, and Dr. James T. Danis, of the St. Michael's surgical staff, were married on February 28th in St. Michael's Cathedral.

* * *

TORONTO.—Miss Viola E. Cardwell, graduate of the University of Toronto and the Toronto General Hospital, has been appointed head of the children's department of the Syracuse, New York, Memorial Hospital. In addition to her duties as superintendent, Miss Cardwell will teach pediatrics to the nursing class, and to students at Syracuse University who are taking the course.

* * *

TORONTO.—Plans and application for a building permit have been submitted for the approval of the Commissioner of Buildings, for extensive alterations to the Pathological Building of Toronto General Hospital, which include re-converting the present building to a radio-therapeutic wing, and construction of a nine-storey elevator shaft. Cost of the undertaking is estimated at \$65,000.

* * *

TORONTO.—Dr. William Carter Heggie, one of the most widely known physicians in the west end, and for two decades head of the out-patients' department of the Western Hospital, died on February 20th, in his 67th year. Of Scottish ancestry, son of the late Dr. David Heggie of Brampton, he was born in that town in 1866, educated in the high school and at the University of Toronto, graduating in medicine in 1886, just after passing his 20th birthday. He took up post-graduate work in Michigan and practised in Detroit until 1898, when he returned to Toronto.

* * *

TORONTO.—The number of patients in the mental hospitals of Ontario has increased 50 per cent. since 1920 and is now almost equal to the population of general hospitals, it is pointed out in a recent report of Dr. G. P. Jackson, M.O.H.

"On December 31, 1932, there were 11,052 patients in the Provincial mental hospitals of Ontario," according to the report. "This means that one person in every 300 in Ontario was in a mental hospital. There are in Ontario 14,974 general hospital beds. The number of mental hospital beds in the province is very little short of this number, and are in use practically 100 per cent. of the time, while general hospital beds are in use about 75 per cent. of the time."

* * *

TORONTO.—Toronto General Hospital is to provide 50 beds and equipment for the study of cancer, while the Ontario Government will pay \$45,000 annually in grants for ten years to the hospital, provisions of the Ontario Institute and radio therapy bill showed when it was brought down in the Ontario Legislature by Hon. Dr. J. M. Robb. The arrangements with Queen's University

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and Kingston General Hospital are essentially the same as made in Toronto, but in the Eastern Ontario city 20 beds are to be provided, the Government paying \$18,000 annually in grants for ten years. Arrangements in London are not yet completed, but negotiations are continuing, Dr. Robb said.

* * *

TORONTO.—A general reduction in Ontario Government grants to hospitals will be made through legislation, at present in the course of preparation, Hon. Dr. J. M. Robb, Minister of Health, announced on March 2nd.

He was unable to estimate the total saving to the department through the proposed cut, but believed that it would not be more than \$250,000 or \$300,000. It is understood that no change will be made in the statutory per diem Government allowance for the maintenance of indigent patients. The proposed reduction in grants is to be made through the recommendation of the Provincial Budgeting Committee.

* * *

TORONTO.—“You are safer on an operating table than walking the streets of Toronto.”

This is the dictum of one well-known doctor, discussing the question of deaths while under anaesthetics.

Another declared one's chances for life are much better under such conditions than when in a motor car.

There are performed in Toronto hospitals some 100 operations per day under anaesthesia of one kind or other and a careful record made by Chief Coroner Dr. M. M. Crawford a couple of years ago, when the question of death under anaesthesia was under discussion, showed one death in 4,211 cases. The present day rate would be much smaller, he believes.

* * *

TORONTO.—Red and white carried out a delightful colour scheme for the annual ball held by the Alumnae Association of St. Michael's Hospital Nurses' Training School at the Royal York Hotel on the evening of February 29th. Miss Ethel Crocker, President of the Alumnae Association, and Miss May Greene, the Convener, received the many guests. Dancing took place in the ball-room, and supper was served in the main dining-room. The patronesses for the affair included Hon. G. S. Henry and Mrs. Henry, Dr. and Mrs. George Wilson, Senator and Mrs. McGuire, Dr. Esther Loudon, Dr. Julian Loudon, Mr. and Mrs. Frank Hughes, and Dr. and Mrs. George Glionna.

* * *

WELLAND, ONT.—A \$20,000 damage action by John Urquhart and his daughter, Mrs. Elizabeth Watson, Niagara Falls, as executors of the Bathia Urquhart estate, against the Homewood Sanitarium, Guelph, on the grounds that Miss Bathia Urquhart, 42, escaped from that institution on August 20, 1932, and was drowned because of negligence of the sanatorium authorities, was dismissed with costs by Justice W. A. Logie at Welland Spring Assizes. His Lordship also dismissed a counter claim for a small sum for services rendered.

WHITBY, ONT.—At a meeting of the citizens of the town held at Sunny Nook Hospital and Rest Home, it was decided that a petition would be forwarded to Hon. Dr. Robb, Minister of Health, asking for a charter for a public hospital in Whitby.

The meeting was called following the offer made by Miss J. M. McKee, Reg.N., who for the past several years has operated the Sunnybrook Rest Home in Whitby, to turn over her hospital to the town.

It is understood that should a charter for a hospital be granted a board of directors will be elected to operate the hospital.

* * *

WINNIPEG.—Accidental suffocation was the verdict of a coroner's jury inquiring into the death of Ernest McColl, 52, of 209 Neill Ave., East Kildonan. Mr. McColl was found dead on his burning bed in St. Boniface sanatorium early Wednesday morning, March 8th. Dr. N. A. Laurendeau, Provincial Coroner, conducted the inquest.

The jury exonerated the sanatorium staff of all blame. A rider to the verdict expressed the jury's sympathy with Mr. McColl's bereaved family.

Medical evidence was that Mr. McColl was dying of tuberculosis and therefore had been put in a room by himself. A small quantity of smoke would be fatal in his condition. Position of the body when found suggested that Mr. McColl had collapsed while sitting on the edge of the bed smoking, witnesses said.

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Hospital Aid News

*"Do all the good we can
 To all the people we can,
 In all the ways we can,
 Just as long as we can."*

"I HAVE often had occasion to remark the fortitude with which women sustain the most overwhelming reverses of fortune. Those disasters which beat down the spirit of man and prostrate him in the dust seem to call forth all the energies of the women, and give such intrepidity and elevation to their character that at times it approaches to sublimity."—(Washington Irving.)

It was Leonardo da Vinci who said every difficulty can be overcome by effort.

Mental attitude has a large part in the progress we make from day to day — It's all in the point of view. Spading a garden isn't labour if you're looking for bait.

Hospital aids these days are very active, trying their very best to help where most needed, keeping uppermost the pledge to stand ready, aye, ready to assist in any and every way possible to advance the cause of the hospital in the community.

Much activity is reported from the various affiliated aids. The Scott Memorial Hospital, Seaforth, has now a Women's Hospital Aid which was formed recently under the supervision of the provincial president. Much progress has already been made. A house to house canvass was made with the result that two hundred memberships were obtained. The officers and members reported that they enjoyed the canvass as they were so wonderfully well received by the citizenship. During the last two months, with fees and results of social functions, three hundred dollars was realized. The first purchase and gift from this women's hospital aid is to be a scalytic light (for emergencies in the operating room).

May this gift light the way to many, many gifts and much splendid philanthropy to the hospital.

A generous gift is reported from the Brantford hospital aid to the Brantford General Hospital (four thousand dollars) to complete the payment on an electric elevator.

Hamilton General Hospital auxiliary held their annual meeting on March 14th with a very large attendance, and much splendid work being reported. Thousands of yards of bandages made a large contribution, as well as hand-made layettes, toy shower, 25 Christmas baskets, diabetic food, arches, crutches, false teeth, and 200 eye glasses.

This auxiliary is very active in social service and out-door clinic department assistance, also in providing free taxi service for poor patients. They also supply the hospital with two assistants each week to assist in looking after the mothers and children in the out-door department. These junior volunteer women wear green sweaters to identify them. One very outstanding activity under the Hamilton auxiliary is the fresh air camp, under the convenship of Miss Climie. Seventy cardiac and crippled children are given two months' outing each summer,

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when two nurses, one cook, one house keeper and one occupational therapist are engaged. The children attending this camp are from the out-patient department.

On St. Valentine's Day, February 14th, the Ladies' Aid of the St. Catharines General Hospital held afternoon and evening bridges in the Leonard Nurses' Home. The reception room was very appropriately decorated and the event proved highly successful both from a social and a financial standpoint.

The St. Catharines Aid have lost, through the death of Mrs. W. J. Robertson, No. 2 William Street, one of their oldest and most ardent members. Mr. W. J. Robertson was, for many years, the principal of the St. Catharines Collegiate Institute and was one of the outstanding educationists of his day. Mrs. Robertson had been a member of the Aid for over 40 years and until recent years, when her health began to fail, she was a regular attendant at the Aid meetings and always took a keen interest and an active part in all the Aid's activities in this city.

The President of the Ontario Association addressed the professional and business women of Hamilton recently and gave an illuminating talk on Hospital Aid activities.

St. Michael's Hospital auxiliary, Toronto, held their quarterly general meeting on March 8th with a large attendance. Much progress was reported in the work.

Mrs. Randolph McDonald, of the Toronto General Hospital Social Service Association, gave a report on the work being done in connection with the General Hospital which proved most interesting. She told a story of much humanitarian effort for those less fortunate. It seemed a very friendly gesture to exchange ideas between these two active societies. During the meeting Reverend Father Cline, and Mrs. Rhynas, the provincial president, gave addresses.

One of the charter members of the newly-formed Hospital Aid at Seaforth, Mrs. Beattie, is a daughter of one of the first nurses to graduate in 1879 from the Mack Training School, St. Catharines, then Miss Anne Carline.

A report was received recently from Bridgewater, Nova Scotia, Women's Hospital Aid Society, showing interesting items, including a paper read by their secretary, and giving a report of an address by the Ontario Provincial President. The printed literature and influence of the Provincial Association has gone far afield and requests for information comes from far and near.

Chatham lost a valued and outstanding citizen in the death of Mrs. Oliver, wife of Dr. C. B. Oliver and mother of Douglas R. Oliver, Toronto, and Mrs. Wesley Barrett, Toronto. We extend to the Chatham Hospital auxiliaries profound sympathy in the loss of this valued worker, and to the bereaved family. Dr. Oliver is one of Kent County's noted physicians and surgeons.

WINNIPEG.—Thomas Townend, a resident of Winnipeg for many years, and for 20 years chief engineer of the city hospitals, died on March 14th. Coming to this country from England in 1911, he first joined the service of the Canadian National Railways, later accepting the appointment to the city hospitals system and becoming chief engineer. He retired from this position a year ago.

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The Clearing House of the Modern Hospital World

(Continued from page 10)

hospital purposes. For that reason it is customary in city hospitals in the U.S.A. to use a flat roof with air space furnished by a hung ceiling over the top floor, which arrangement is useful not only for insulation, but also for supply and vent ducts. If on the other hand there is no prospect of ever using the roof, they considered that it may be desirable, especially in countries where a heavy snowfall is to be expected, to utilize a pitched roof.

In dealing with the cost of construction and maintenance, the opinion of our U.S.A. confreres was that if it were possible to avoid the air space and the hung ceiling under the flat roof, the pitched roof would doubtless prove to be more expensive.

It was agreed that the best covering material for flat roofs was flat tiles and cement, laid with expansion joints on an under roof of tar and felt.

If it is not planned to use the flat roof, a cheaper material is slag or gravel on an under roof of tar and felt.

The Canadian Committee's reaction was in the main corroborative of that of the U.S.A., with one or two amplifications of the points made. For instance, the inclination in Canada is to build the various storeys of hospitals, especially in sanatoria, with set-backs to provide roof-gardens, level with the different wards. In some cases, to accomplish this the surgical floor was planned on the first floor and the others inversely according to size in the succeeding storeys. It was pointed out that hospital authorities were of opinion that by such arrangement roof-gardens or solaria would be taken advantage of to a greater extent, since the patients can be wheeled in their beds to such roof-gardens or solaria and at the same time controlled by the nurses while continuing their duties to other patients.

Examinations of heating and ventilating systems were included in the research work.

The U.S.A. Committee found that hot water is the preferable heating medium; based upon the claim that it is hygienic, allows close range in temperature control to meet the varying outside temperatures, thus minimizing the manipulation of the individual heat sources. Further, that due to the average low temperature carried, it is economical on heat distribution, and the water after short use, contains no metal attacking elements, in fact it is a preservative of the metal and the life of the heating plant is indefinite.

The Canadian Committee was of opinion that the heating system may be hot water, either forced or gravity type, or two-pipe coil pressure steam. (Small hospitals up to thirty-five beds would doubtless find it more economical to adopt the hot water system.) In either case it should be arranged so that the temperature will be controlled from a central point and the system adjusted easily to suit changes in the weather outside. Attention was also drawn to the possibility in large institutions of reclaiming the heat passing to the sewer in the waste water from the laundry, cooling water from refrigerating machines, etc. This is done by means of a heat reclaimer designed so that the waste water heats pipe coils through which the cold city water passes and thereby

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obtain considerable heat. The waste water, of course, does not come into contact with the clean, cold water. In some cases considerable saving can be made in this manner.

(To be concluded in our May issue)

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The approaching season for the graduation of nurses in training, and presentation of diplomas, prompts us to observe that the old mammoth diplomas, made for framing, is giving away to a more modest size enclosed in a smart leather wallet with celluloid protector. The advantage of this is apparent when a nurse has to present original credentials, for post graduate work, or identification.

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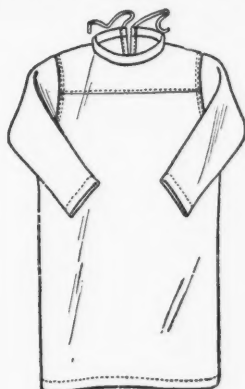
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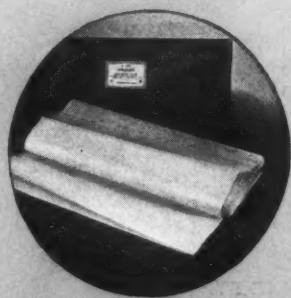


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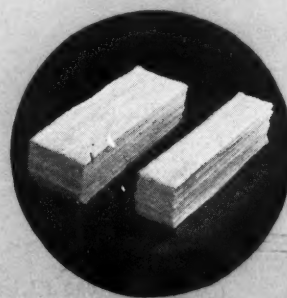
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